Fill in this infor	mation to identify your cas	se:	Check one box o
Debtor 1	Lloyd Earl Phinney		122A-1Supp:
Debtor 2 (Spouse, if filing)	Helen Kae Phinney		☐ 1. There is
United States Bankruptcy Court for the:		Eastern District of Tennessee	■ 2. The calculates applies of Calculates
(if known)		_	☐ 3. The Mea
			□ Check if t

Check one box only	as directed	in this	form	and	in	Form
122A-1Supp:						

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Debt	or 1	 or 2 or filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commis	sions (before all	\$	5,000.00	\$ 2,000.00
 Alimony and maintenance payments. Do not include Column B is filled in. 	payments fro	m a spouse if	\$	0.00	\$ 0.00
4. All amounts from any source which are regularly pof you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	t. Include regu d, your depend	lar contributions dents, parents,	\$	0.00	\$ 0.00
5. Net income from operating a business, profession,	, or farm				
	D	ebtor 1			
Gross receipts (before all deductions)	\$ 0.0	0			
Ordinary and necessary operating expenses	-\$ 0.0	0			
Net monthly income from a business, profession, or far	rm \$ 0.0	O Copy here ->	\$	0.00	\$ 0.00
6. Net income from rental and other real property					
	D	ebtor 1			
Gross receipts (before all deductions)	\$ 0.0	0			
Ordinary and necessary operating expenses	-\$ 0.0	0			
Net monthly income from rental or other real property	\$ 0.0	O Copy here ->	\$	0.00	\$ 0.00
7. Interest, dividends, and royalties			\$	0.00	\$ 0.00
			_		

Debto Debto				Case numbe	er (<i>if known</i>)			
				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:		it under					
	For you \$	0.0						
	For your spouse \$							
9.	Pension or retirement income. Do not include any and benefit under the Social Security Act. Also, except as so not include any compensation, pension, pay, annuity, or United States Government in connection with a disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that I does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chap	tated in the next senter or allowance paid by the ty, combat-related injur- ces. If you received any pay only to the extent to u would otherwise be e	nce, do e ry or retired hat it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social Streceived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, and United States Government in connection with a disability disability, or death of a member of the uniformed service.	ecify the source and ar Security Act; payments manity, or international nuity, or allowance paid ty, combat-related injur	or d by the ry or					
	sources on a separate page and put the total below			\$	0.00	\$	0.00	
	·			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.			\$	0.00	\$	0.00	
11	Calculate your total current monthly income. Add lin	nes 2 through 10 for] [
11.	each column. Then add the total for Column A to the to		\$	5,000.00	+ \$ _	2,000.00	= \$_	7,000.00
5		v					Total (current monthly e
Part 12.	Determine Whether the Means Test Applies t Calculate your current monthly income for the year							
	12a. Copy your total current monthly income from line	11		Сор	y line 11	here=>	\$	7,000.00
	Multiply by 12 (the number of months in a year)						X	12
	12b. The result is your annual income for this part of th	e form				12b	. \$	84,000.00
13.	Calculate the median family income that applies to	you. Follow these step	s:					
	Fill in the state in which you live.	TN						
	Fill in the number of people in your household.	2						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp	pecified i	n the separ	ate instruc	13.	\$	71,828.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official		eck box	1, There is	no presun	nption of abus	е.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	of page 1, check box 2,	The pre	esumption o	f abuse is	determined by	/ Form 1.	22A-2.
Part								
	By signing here, I declare under penalty of perjury	that the information or	this sta	tement and	in any att	achments is tr	ue and c	orrect.
	X /s/ Lloyd Earl Phinney Lloyd Earl Phinney			n Kae Phi ae Phinne				

Debloi i	Lloyd Earl Phinney Helen Kae Phinney		Case number (if known)	
	Signature of Debtor 1		Signature of Debtor 2	
Date	July 15, 2023	Date	July 15, 2023	
	MM / DD / YYYY		MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this f	orm.		

Fill	in this information to identify your case:		Check the	he appropriate	box as	s directed	in
De	otor 1 Lloyd Earl Phinney		IIIIes 40	01 42.			
Do	otor 2 Helen Kae Phinney	_	Accord	ding to the calcu	lations r	equired by	/ this
	otor 2 Helen Kae Phinney ouse, if filing)	-	Staten	ient.			
Un	ted States Bankruptcy Court for the: Eastern District of Tennessee		■ 1. T	There is no pres	umption	of abuse.	
Ca	se number	-	□ 2. T	There is a presu	mption o	of abuse.	
(if I	known)						
∩f	ficial Form 122A - 2		☐ Check	cif this is an ai	mende	d filing	
	napter 7 Means Test Calculation						0.4/0
CI	iapter / inearis rest Calculation						04/2
To f	ill out this form, you will need your completed copy of Chapter 7 Statem	nent of Your Curre	nt Monthly	Income (Officia	al Form	122A-1).	
Bo .	as complete and accurate as possible. If two married people are filing to	gothor both are of	aually roen	ancible for boi	na acci	urato If mu	oro
	is complete and accurate as possible. If two married people are filling to ce is needed, attach a separate sheet to this form, include the line numb						bre
add	itional pages, write your name and case number (if known).						
Pa	t 1: Determine Your Adjusted Income						
	On the state of th	(Official Forms	4004.4.5-				
1.	Copy your total current monthly income. Copy line 11	from Official Form	122A-1 ne	re=>\$		7,000).00
2.	Did you fill out Column B in Part 1 of Form 122A-1?						
	☐ No. Fill in \$0 for the total on line 3.						
	Yes. Is your spouse Filing with you?						
	☐ No. Go to line 3.						
	Yes. Fill in \$0 for the total on line 3.						
3.	Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps:	pouse's income no	ot used to p	ay for the			
	On line 11, Column B of Form 122A–1, was any amount of the income you	reported for your sp	ouse NOT	regularly used for	or the ho	ousehold	
	expenses of you or your dependents?	roportou for your op		rogularly accur.	31 1110 111	, door loid	
	No. Fillin O for the Astel on line 2						
	■ No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below:						
	Tes. Fill III the information below.						
	State each purpose for which the income was used	Fill in the an	nount you				
	For example, the income is used to pay your spouse's tax debt or to	are subtract your spouse					
	support other than you or your dependents.	\$					
		_ Ψ					
		\$					
		\$					
	Total.	\$	0.00				
			Copy	y total here=>	- \$	0	0.00
	A.B. day on the same of the sa				\$	7,000.00	0
4.	Adjust your current monthly income. Subtract line 3 from line 1.				ĮΦ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·

btor 2	Lloyd Earl Phinney Helen Kae Phinney		Case number (if known)	
art 2:	Calculate Your Deductions from Your Income			
to an instru	nternal Revenue Service (IRS) issues National and I swer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be a	ndards, go online us available at the bank	sing the link specified in the separate cruptcy clerk's office.	
your a	ct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. In the in line 3 and do not deduct any operating expenses t	o not deduct any amo	ounts that you subtracted from your spouse's	
If you	r expenses differ from month to month, enter the average	ge expense.		
Wher	never this part of the from refers to you, it means both you	ou and your spouse if	Column B of Form 122A-1 is filled in.	
5.	The number of people used in determining your dec	luctions from incom	е	
ı	Fill in the number of people who could be claimed as explus the number of any additional dependents whom youthe number of people in your household.			
Natio	onal Standards You must use the IRS National	al Standards to answe	r the questions in lines 6-7.	
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an		n line 5 and the IRS National \$,389.00
1	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The nurpeople who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional support of the support of t	nber of people is split a higher IRS allowan	into two categoriespeople who are under 65 and ace for health care costs. If your actual expenses are	
Peop	le who are under 65 years of age			
-	7a. Out-of-pocket health care allowance per person	\$79.00		
-	7b. Number of people who are under 65	X2		
		¢ 450.00	450.00	
•	7c. Subtotal. Multiply line 7a by line 7b.	\$158.00	Copy here=> \$158.00	
	/c. Subtotal. Multiply line /a by line /b.	\$ 158.00	Copy here=> \$ <u>158.00</u>	
Peop		\$ <u>154.00</u>	Copy here=> \$ <u>158.00</u>	
Peop	le who are 65 years of age or older		Copy here=> \$ <u>158.00</u>	
Peop	le who are 65 years of age or older 7d. Out-of-pocket health care allowance per person	\$154.00	Copy here=>	

Debtor 1 Lloyd Earl Phinney Helen Kae Phinney

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

				•						
		n information from the IRS, the U.S. Trustee Program tcy purposes into two parts:	ı has div	ided the IRS L	ocal Stand	ard for	housin	g for		
_		ing and utilities - Insurance and operating expensesing and utilities - Mortgage or rent expenses								
To a	answ	er the questions in lines 8-9, use the U.S. Trustee Pro	ogram cl	hart.						
		e chart, go online using the link specified in the separate t may also be available at the bankruptcy clerk's office.	e instructi	ons for this for	n.					
8.		ising and utilities - Insurance and operating expense e dollar amount listed for your county for insurance and						5, fill \$		655.00
9.	Hou	sing and utilities - Mortgage or rent expenses:								
	9a.	Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses				\$;	923.00		
	9b.	Total average monthly payment for all mortgages and o	ther deb	ts secured by y	our home.					
		To calculate the total average monthly payment, add all contractually due to each secured creditor in the 60 months for bankruptcy. Then divide by 60.								
		Name of the creditor	Averag	ge monthly ent						
		ServiceMac/Movement Mortgage	\$	1,348.00						
		Total average monthly payment	\$	1,348.00	Copy here=>	-\$	1	,348.00	Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) from li or rent expense). If this amount is less than \$0, enter \$0			\$		0.00	Copy here=>	\$	0.00
10.		ou claim that the U.S. Trustee Program's division of the calculation of your monthly expenses, fill in a				g is in	correct	and	\$	0.00
	Ex	plain why:								
11.	Loc	al transportation expenses: Check the number of vehic	cles for w	vhich you claim	an ownersl	nip or o	perating	expense		
). Go to line 14.								
	□ 1	. Go to line 12.								
	= 2	or more. Go to line 12.								
12.		icle operation expense: Using the IRS Local Standards rating expenses, fill in the Operating Costs that apply for							\$	484.00

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Helen Kae Phinney Debtor 2 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 2017 Jeep Wrangler 69000 miles VIN# 1c4bjwdg019l514649 13a. Ownership or leasing costs using IRS Local Standard..... 629.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Knoxville TVA Employees Credit Union** 786.14 Repeat this Copy **Total Average Monthly Payment** 786.14 here => 786.14 line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0. expense 0.00 0.00 here => \$ Vehicle 2 Describe Vehicle 2: 2009 Chevy Silverado 90000 miles VIN# 1GCEC14X192115189 13d. Ownership or leasing costs using IRS Local Standard..... 629.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Y-12 Federal Credit Union 148.82 Copy Repeat this here **Total Average Monthly Payment** 148.82 148.82 line 33c. 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. expense 480.18 480.18 here => \$ 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 0.00 *Transportation* expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Lloyd Earl Phinney

Debtor 1

Debtor 1 Debtor 2 Helen Kae Phinney

Case number (if known)

Oth	er Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, soc your pay for these taxes. He	mount that you will actually owe for federal, state and local taxes, such as income taxes, sial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate,	sales, or use taxes.	\$	1,150.00
17.	Involuntary deductions: T contributions, union dues, a	The total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	at are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payn	nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life instrance, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments or	n past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	_	nly amount that you pay for education that is either required:		
	as a condition for your jo			0.00
	for your physically or me	entally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total month	ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments fo	r any elementary or secondary school education.	\$	0.00
22.	that is required for the healt	benses, excluding insurance costs: The monthly amount that you pay for health care the and welfare of you or your dependents and that is not reimbursed by insurance or paid to the contract of the contract o		
	Payments for health insurar	nce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependent	elephone services: The total monthly amount that you pay for telecommunication services ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of ed by your employer.		
		r basic home telephone, internet and cell phone service. Do not include self-employment eported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses a Add lines 6 through 23.	llowed under the IRS expense allowances.	\$	4,316.18

Debtor 1 Debtor 2 Helen Kae Phinney

Case number (if known)

Add	litional	Expense Deductions	These are additional d	eductions	s allowed by th	e Means Test.		
			Note: Do not include a		•			
25.	insura					ses. The monthly expenses for health y necessary for yourself, your spouse, o	r	
	Health	insurance		\$	0.00			
	Disabi	lity insurance		\$	0.00			
	Health	savings account		+\$	0.00			
]		
	Total			\$	0.00	Copy total here=>	\$	0.00
	Do you	u actually spend this total	amount?			J		
		No. How much do you a	ctually spend?					
		Yes		\$				
26.	continu	ue to pay for the reasonab	le and necessary care our immediate family wh	and supp o is unab	ort of an elderl le to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	By law	, the court must keep the	nature of these expens	es confid	ential.		\$	0.00
28.		onal home energy costs	. Your home energy co	sts are in	cluded in your	insurance and operating expenses on		
	8, ther	n fill in the excess amount	of home energy costs.			nergy costs included in expenses on line ou must show that the additional		0.00
		nt claimed is reasonable a	·				\$	0.00
29.	\$189.5 public You m	58* per child) that you pay elementary or secondary	for your dependent chi school. documentation of your	dren who	are younger to are yo	e monthly expenses (not more than han 18 years old to attend a private or ou must explain why the amount		
						n on or after the date of adjustment.	\$	0.00
30.	higher than 5	than the combined food a % of the food and clothing	and clothing allowances allowances in the IRS	in the IR National	S National Sta Standards.	ctual food and clothing expenses are ndards. That amount cannot be more link specified in the separate		
		ctions for this form. This ch nust show that the addition					\$	0.00
31.		nuing charitable contribution on the ments to a religious or cha				ntribute in the form of cash or financial	+\$	0.00
32.		II of the additional expernes 25 through 31.	nse deductions.				\$	0.00

Debtor 1
Debtor 2
Lloyd Earl Phinney
Helen Kae Phinney
Case number (if known)

Deductio	ons for Debt Payment					
	ebts that are secured by an inte	rest in property that you own, including h lines 33a through 33e.	ome mor	tgages, vehicle		
	lculate the total average monthly por in the 60 months after you file for	payment, add all amounts that are contractua or bankruptcy. Then divide by 60.	Illy due to	each secured		
М	ortgages on your home:					verage monthly ayment
33a. C	opy line 9b here				=> \$	1,348.00
Lo	oans on your first two vehicles:					
33b. C	opy line 13b here				=> \$	786.14
					=> \$	148.82
	st other secured debts:					
Name of e	ach creditor for other secured debt	Identify property that secures the debt		Does payme include taxe insurance?		
				■ No		
Sn	ap-on Credit	tools		☐ Yes	\$	113.06
	•				Ψ	
				□ No		
				D Yes	\$	
				□ No		
				☐ Yes	+\$	
				<u> </u>	`	
					Сору	
33e. Tot	tal average monthly payment. Add	lines 33a through 33d	\$_	2,396.02	total here=>	. \$ 2,396.02
or oth	ner property necessary for your o. Go to line 35. es. State any amount that you m	sa secured by your primary residence, a vesupport or the support of your dependent ust pay to a creditor, in addition to the payme ession of your property (called the <i>cure amou</i> ne information below.	ts? ents			
Name of	the creditor	Identify property that secures the debt		Total cure		Monthly cure
				amount		amount
-NONE	-			\$	÷ 60 = \$	S
		-	Total \$_	0.00	Copy total here=>	. \$
		as a priority tax, child support, or alimony our bankruptcy case? 11 U.S.C. § 507.	y - that			
□ N						
Y	es. Fill in the total amount of all o ongoing priority claims, such	f these priority claims. Do not include current as those you listed in line 19.	t or			
		priority claims	\$		÷ 60 =	\$ 61.4

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Debtor 1 **Helen Kae Phinney** Debtor 2 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. ■ No. Go to line 37. ☐ Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense if you were filing under Chapter 13 2,457.48 \$ 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,316.18 expense allowances Copy line 32, All of the additional expense deductions 0.00 Copy line 37, All of the deductions for debt payment 2,457.48 6.773.66 6.773.66 Total deductions Copy total here.....=> \$ Part 3: **Determine Whether There is a Presumption of Abuse** 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 7,000.00 39b. Copy line 38, Total deductions 6,773.66 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy 226.34 226.34 Subtract line 39b from line 39a here=>\$ For the next 60 months (5 years) x 60 Copy 39d. **Total.** Multiply line 39c by 60_____ 13,580.40 13.580.40 39d. \$ here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ☐ The line 39d is less than \$9,075*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$15,150*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ■ The line 39d is at least \$9,075*, but not more than \$15,150*. Go to line 41. *Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment.

Lloyd Earl Phinney

Debtor 1 Debtor 2		en Kae Phinney	С	Case number (i	f known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. I A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on t	Information	\$	69,177.95 .25	٦	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 70 Multiply line 41a by 0.25	. , . , . , . , . , . ,) \$	17,294.49	Copy here=>	\$17,294.49
25	% of y	ne whether the income you have left over after subtracting all vour unsecured, nonpriority debt. e box that applies:	allowed ded	luctions is	enough to pa	ay	
•		39d is less than line 41b. On the top of page 1 of this form, checo Part 5.	ck box 1, <i>Ther</i>	re is no pre	sumption of al	buse.	
		39d is equal to or more than line 41b. On the top of page 1 of the tumption of abuse. You may fill out Part 4 if you claim special circuit					
Part 4:	Giv	ve Details About Special Circumstances					
_	es. Fil ite Yo ne	to to Part 5. I in the following information. All figures should reflect your averagem. You may include expenses you listed in line 25. Ou must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee do lijustments.	nat make the	expenses o	or income adju	stments	
	G	Give a detailed explanation of the special circumstances	A	Average more a	onthly expens adjustment	se	
	_			\$			
	_			\$			
	_			\$			
	_			\$			
Part 5:	Sig	gn Below					
	By si	gning here, I declare under penalty of perjury that the information	on this statem	nent and in	any attachme	nts is true	e and correct.
			/s/ Helen K				
		oyd Earl Phinney gnature of Debtor 1	Helen Kae Signature of				
Da	te Ju		July 15, 20 MM / DD / Y	23			